

AUTO CR - LOG SUMMARY #1076206

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the Involved Member was driving south bound on Western Ave when an unknown citizen flagged him down and directed him to 33rd & Oakley where he spoke with [REDACTED]. She informed him that a lady and her dog were being attacked by a dog across the street. As the R/O approached, he observed a brown pitbull mauling another dog. When the R/O attempted to separate the two dogs, the pitbull showed his teeth and made an aggressive move toward the R/O. The R/O fired one shot to the left side of the pitbull who then walked away toward an alley. Animal Control arrived on the scene and removed the injured pitbull and relocated him for treatment for the gunshot wound.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	LOPEZ, SILVIA M	[REDACTED]	010 /	SERGEANT OF POLICE	F	S		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
19-JUL-2015 07:07 - 19-JUL-2015 07:07	[REDACTED]	0912	009	303 - SIDEWALK	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	MENDOZA, MUNDO	9754	[REDACTED]	010 /	POLICE OFFICER	M	S	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	11-DEC-2015 02:43	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	11-DEC-2015 02:43	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	06-AUG-2015 03:55	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	06-AUG-2015 03:50	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	20-JUL-2015 09:08	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	synoptic report
PENDING SUPERVISOR REVIEW	19-JUL-2015 11:47	COSEY, ROBERT	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	19-JUL-2015 11:28	COSEY, ROBERT	INVESTIGATOR 3 COPA	113 /
PENDING SUPERVISOR REVIEW	19-JUL-2015 10:59	COSEY, ROBERT	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	19-JUL-2015 10:53	COSEY, ROBERT	INVESTIGATOR 3 COPA	113 /	...
PENDING SUPERVISOR REVIEW	19-JUL-2015 09:33	VAZQUEZ, AURORA	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	19-JUL-2015 09:09	VAZQUEZ, AURORA	INVESTIGATOR 2 COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					VAZQUEZ, AURORA	19-JUL-2015 09:09			
	DOCUMENTS - INTAKE INCIDENT		2		N	COSEY, ROBERT	19-JUL-2015 11:15	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Edmundo Aillon	N	COSEY, ROBERT	19-JUL-2015 11:16	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		15	PO Aillon	N	QUERFURTH, PATRICK	06-AUG-2015 03:49	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 19-JUL-2015) - LOG #1076206

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	LOPEZ, SILVIA M			010 /	SERGEANT OF POLICE	F	S		

Incident Information

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19-JUL-2015 07:07 - 19-JUL-2015 07:07		0912	009	303 - SIDEWALK	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	19-JUL-2015 09:09	VAZQUEZ, AURORA	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
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CLOSED AT C.O.P.A.	11-DEC-2015 02:43	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	20-JUL-2015 09:08	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	synoptic report
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PRELIMINARY	19-JUL-2015 09:09	VAZQUEZ, AURORA	INVESTIGATOR 2 COPA	113 /	

CHICAGO POLICE DEPARTMENT

ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.388(6/03)-C

RD #
Case ID
EVENT

INCIDENT	APPROVAL COMPLETE		
	IUCR: 5061 - Non-Criminal - Destruction Of Animal By Police		
	Occurrence Location: 303 - Sidewalk	Beat: 0912	Unit Assigned: 0913 RO Arrival Date: 19 July 2015 07:10
	Occurrence Date: 19 July 2015 07:07		

NON-OFFENDER(S)	VICTIM - Individual		
	Name: [REDACTED]	Beat: 0912	Demographics Female White DOB: [REDACTED] Age: 70 Years
	Res: [REDACTED]		
	Sobriety: Sober CPD Officer: No		
	Other Communications and Availability Cellular Phone : [REDACTED]		
NON-OFFENDER(S)	WITNESS - Individual		
	Name: AILLON #9754, Edmundo	Beat: 1024	Demographics Male White DOB: [REDACTED] Age: 42 Years
	Res: 3315 W Ogden Ave Chicago IL		
	Empl: CHICAGO POLICE 3315 W Ogden Ave Chicago, Illinois 312 - 747 - 7511 Police Officer - Chicago	Beat: 1024	
	CPD Officer: No		
NON-OFFENDER(S)	WITNESS - Individual		
	Name: [REDACTED]	Beat: 0912	Demographics Female Age: 53 Years
	Res: [REDACTED]		
	CPD Officer: No		
	Other Communications and Availability Business Phone : [REDACTED]		

OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No

Chicago Police Department - Incident Report

RD # [REDACTED]

OTHER PROPERTIES

Property #1

Possessor/Use [REDACTED]

Quantity: 1

Used as Weapon? No

Description: Dog

Owner: [REDACTED]

Taken/Stolen? No

Color: Beige

Property Type: Other

Recovered? No

Damaged? Yes

NOTIFICATIONS

Request Type

Unit

Agency Name

Date

Star #

Name

On Scene

277

Forensic Services
Evidence Technician
Section

19 July 08:30

11413

ANELLO,

Other Notifications May Be In Narrative.

NARRATIVES

EVENT# [REDACTED] IN SUMMARY: R/O RESPONDED TO AN OEMC CALL OF VICIOUS ANIMAL. UPON ARRIVAL R/O SPOKE TO BT 1033 EDMUNDO AILLON #9754 (WITNESS) WHO RELATED THAT HE WAS DRIVING S/B ON WESTERN AVE WHEN AN UNK CITIZEN POINTED HIM TOWARDS THE AREA OF 33RD & OAKLEY, AS HE APPROACHED [REDACTED] (WITNESS) INFORMED HIM THAT A LADY AND HER DOG WERE BEING ATTACKED BY A DOG ACROSS THE STREET. AS EDMUNDO AILLON #9754 (WITNESS) EXITED HIS VEHICLE HE OBSERVED A BROWN PITBULL MAULING A WHITE/BROWN COLOR DOG (SNOWBALL WHO WAS LICENSED AND LEASHED) BELONGING TO [REDACTED] (VICTIM). EDMUNDO AILLON #9754 (WITNESS) ALSO OBSERVED THE VICTIM [REDACTED] (VICTIM) SEVERLY BLEEDING FROM THE MOUTH AREA AND HAVING TROUBLE BREATHING. THE VICTIM WAS YELLING FOR HELP AND EDMUNDO AILLON #9754 (WITNESS) YELLED FOR THE DOG TO STOP BUT THE DOG SHOWED HIS TEETH AND MADE AN AGGRESSIVE MOVEMENT TOWARDS HIM. AT THAT TIME EDMUNDO AILLON #9754 (WITNESS) MADE SURE THE AREA WAS CLEAR AND FIRED ONE ROUND INTO THE LEFT SIDE OF THE PITBULL WHO WALKED AWAY S/B TOWARDS THE ALLEY. EDMUNDO AILLON #9754 (WITNESS) RENDERED AID TO THE VICTIM AND NOTIFIED HIS ZONE AND SUPERVISOR OF THE INCIDENT. FURTHER INVESTIGATION REVEALED THAT [REDACTED] (VICTIM) SUFFERS FROM A BREATHING DISABILITY AND WAS SO SCARED THAT SHE HAD BIT HER OWN LIP CAUSING THE BLEEDING OBSERVED AROUND HER MOUTH AREA. VICTIM REFUSED MEDICAL ATTENTION. BT 952 FOUND THE INJURED PITBULL IN THE ALLEY A [REDACTED] ANIMAL CONTROL UNIT#207, CALIN # 314 RELOCATED THE ANIMAL FOR TREATMENT. BT 1000, LT.GILTMIRE #701 RELOCATED TO ANIMAL CONTROL AND OBSERVED THE PITBULL WITH ONE ENTRY WOUND, NO EXIT WOUND TO THE LEFT SIDE OF THE ANIMAL WHO AT THAT POINT WAS STILL ALIVE. [REDACTED] (VICTIM) TOOK HER DOG WHO WAS BLEEDING FROM THE NECK AREA TO A VETERINARIAN FOR TREATMENT. VICTIM GIVEN VIN. CAPT. RYCZEK #98 ON SCENE, CPIC NOTIFIED AND LOG #1076206 OBTAINED.

NOTIFICATION: SERGEANT KRAFT Beat#: [REDACTED] Star#: 1344 Emp#: [REDACTED] Date: 19-JUL-2015 Time: 0710 NOT

NOTIFICATION: STATION SUPERVISOR PTASZKOWSKI Beat#: 901 Star#: 1348 Emp#: [REDACTED] Date: 19-JUL-2015 Time: 0744 NOT

- STAR#: 2463 NAME: SILVIA LOPEZ BEAT: 1010

- STAR#: 701 NAME: BETH GILTMIRE BEAT: 1000

- STAR#: 16472 NAME: FERNANDO JACINTO BEAT: 0952

- STAR#: 19338 NAME: ANATHEA SMITH BEAT: 0952

- STAR#: 98 NAME: MARTIN RYCZEK BEAT: 0900X

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	7002	[REDACTED]	MILAZZO, Mark, A	[REDACTED]	19 Jul 2015 09:51	009	0913

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 19-JUL-2015		TIME 07:07:00		2 ADDRESS OF OCCURRENCE		3 LOCATION CODE 303		4 BEAT/OCCUR 0912		
MEMBER INVOLVED	5 POSITION 9161	6 LAST NAME AILLON	7 FIRST NAME EDMUNDO R	8 STAR NO. 9754	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE S	11 AGE	12 HT 502	13 WT 140	
	14 DATE OF APPT 05-FEB-2001	15 EMPLOYEE NO	16 UNIT & BEAT OF ASSIGNMENT 010 1033	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20 LAST NAME	21 FIRST NAME	22 MI	23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE	25 D.O.B	26 HT	27 WT		
	28 ADDRESS	29 TELEPHONE NO.	30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
SUBJECT INFORMATION	33 WHERE WAS MEDICAL TREATMENT OBTAINED?		34 BY WHOM?	35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	36 CHARGES PLACED		37 CB NO		IR NO.		<input checked="" type="checkbox"/> DNA			
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT: ASSAULT		ASSAULTANT: BATTERY	
	SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	
	MEMBER'S RESPONSE		MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	
WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA		40. ADDITIONAL INFORMATION ONE SHOT FIRED AND STRUCK ATTACKING DOG							
	POSITION		STAR NO.	UNIT						
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR			
	45 MAKE/MANUFACTURER P.I. INDUSTRIES (FORMERLY) - US - (BERETTA USA CORP. BROCKTON)		46 MODEL 92D	47 BARREL LENGTH 5	48 CALIBER/GAUGE 9 MM					
CASE INFO.	49 TASER DART ID NO		50 WEAPON SERIAL No. (Include Letters)		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID. NO		53 HANDGUN CERTIFICATE NO	
	54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED Department Issued		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO. OF SHOTS MEMBER FIRED 1	
	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61 NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		62 HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)			
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO					
SIGNATURES	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT		68 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
	69 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		70 NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> OSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> OSS/DIST. OF OCCUR. & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		71 REPORTING MEMBER (Print Name) AILLON, EDMUNDO R 19-JUL-2015 09:15:08		STAR/EMPLOYEE NO. 9754		SIGNATURE	
	72 REVIEWING SUPERVISOR (Print Name) LOPEZ, SILVIA M		STAR NO. 2463		SIGNATURE		DATE REVIEWED 19-JUL-2015 09:17:17		TIME	
	73 REVIEWING SUPERVISOR (Print Name) LOPEZ, SILVIA M		STAR NO. 2463		SIGNATURE		DATE REVIEWED 19-JUL-2015 09:17:17		TIME	

CPD-11.377 (REV. 3/08)

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The member was alerted to a stray dog attacking another dog and a woman at the location stated. The member responded and observed the same. The member cleared the female from the attacking dog and fired one round to stop the attack on her dog. The member's actions were in compliance with department guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

RYCZEK, MARTIN E

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

19-JUL-2015 09:34:38

79. TOTAL TRR's THIS EVENT No.

1

**BUREAU OF INTERNAL AFFAIRS
INVESTIGATION DIVISION
AREA CENTRAL INVESTIGATIONS**

**19 Jul 2015
LOG #1076206**

TO: Juan RIVERA
Chief
Bureau of Internal Affairs

ATTN: Brendan DEENIHAN #449
Bureau of Internal Affairs
Administration Section

ATTN: Robert KLIMAS
Commander
Bureau of Internal Affairs

ATTN: Lt. Gregory KLICHOWSKI #386
Bureau of Internal Affairs
Area South Investigations

FROM: Sergeant Joseph Stehlik #1945
Bureau of Internal Affairs
Area Central Investigations

SUBJECT: Firearm Discharge Incident – Animal

RESULTS: BrAC .000
Reference: [REDACTED]
LOG#1076206
[REDACTED]

**INCIDENT
LOCATION:** [REDACTED]

DATE & TIME: 19 Jul 2015 / 0704hrs.

EXECUTIVE OFFICER: Capt. Martin RYCZEK #98

**INVOLVED
MEMBER:** P.O. Edmund AILLON
Star #9754
Employee [REDACTED]

BUREAU OF INTERNAL AFFAIRS
INVESTIGATION DIVISION
AREA CENTRAL INVESTIGATIONS


19 Jul 2015
LOG #1076206

DOA 05 Feb 2001
DOB [REDACTED]
Unit 010
[REDACTED]

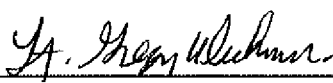
NARRATIVE:

Reporting Sergeant received a notification from P.O. Michael SULLIVAN #5597 of CPIC at 0719hrs on 19 Jul 15 that there had been a weapons discharge in the 009th district. This weapons discharge involved one on-duty male officer and an animal.

R/Sgt proceeded to 009 and upon arrival spoke with Captain RYCZEK #98. R/Sgt was then directed to the involved officer. P.O. AILLON was then presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. At 0823hrs R/Sgt began the twenty minute observation period of P.O. AILLON. The breath test was conducted at 0846hrs and the BrAC was .000. At 0850hrs R/Sgt conducted the drug test. Captain RYCZEK #98 was notified of the results.


Sergeant Joseph Stehlik #1945
Bureau of Internal Affairs
Investigation Division
General Investigation Section

APPROVED:


Commanding Officer
Bureau of Internal Affairs
Area South Investigations



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name EDMUND AILLON Title P.O.
Star No. 9754 Employee No. [REDACTED] Unit 010

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>EDMUND AILLON</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>19 JUL 15 / 0834</u>
Type of Test: Alcohol	Location: <u>009</u>	Date and Time: <u>19 JUL 15 0846</u>	
Type of Test: Drug	Location: <u>009</u>	Date and Time: <u>19 JUL 15 0850</u>	

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>Sgt. J. STEHLIK 1945</u>	B.I.A. Supervisor's Signature <u>[Signature] 1945</u>	Date and Time <u>19 JUL 15 0900</u>
---	--	--

CPD-44.252 (REV. 6/12)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

TIME STARTED 0823

LOG # 1076206

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

CHICAGO POLICE DEPT
RANDOM DRUG UNIT #101750
350 S HIGHTOWER AVE
CHICAGO IL 60653
PH: 312-745-5053 FAX: 312-745-6819

B. MRO Name, Address, Phone and Fax No.

FORM 10 10/15/2010

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:



Photo ID



Emp. Rep.

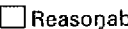
F. Reason for Test:



Pre-employment (1)



Random (3)



Reasonable Suspicion/Cause (5)



Post-Accident (2)



Promotion (22)



Return to Duty (6)



Follow-up (23)



Other (specify) (99)

DIAGNOSIS DISCLOSED

G. Drug Tests to be Performed:

X 39403N SAP 9-50/902 400000

H. Collection Site Name:

009

Collection Site Code:

Address:

Collector Phone No.:

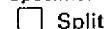
City, State and Zip:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:



Split



Single



None Provided (Enter Remark)



Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X Signature of Collector
Signature of Collector
(Print) Collector's Name (First, MI, Last)

Time of Collection
8:50 AM
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:



Quest Diagnostics Courier



FedEx



Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: X

Signature of Accessioner

Primary Specimen Bottle Seal Intact



Yes



No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:



NEGATIVE



POSITIVE



TEST CANCELLED



REFUSAL TO TEST BECAUSE:



DILUTE



ADULTERATED



SUBSTITUTED

REMARKS

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:



RECONFIRMED



FAILED TO RECONFIRM - REASON

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified Sgt J. STEHLIK #1945
☒ Photo I. D. by _____
☐ Employer Representative _____
 Signature of Employer Representative _____

PART I - A. On the 19 day of JULY, 2015 at 0850, I, EDMUNDO AILLON
 (TIME) (PRINT NAME)
 removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
 same cup, then I delivered this cup containing my urine specimen to Sgt. J. STEHLIK #1945
 and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

- B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

A

B

MAIN TEST VIAL - NO. [REDACTED] ALTERNATE TEST VIAL - NO. [REDACTED]
- C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

[REDACTED]
- D. Close the vial cap.
- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number [REDACTED]
- F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number [REDACTED]

EXAMINEE'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>9754</u>	WITNESS'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>1945</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>1945</u>	SUPERVISOR'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. [REDACTED]

PART II - The urine specimen with the control number [REDACTED] was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:
[Signature], on 7/21/15, at 0626,
 (STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
 was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER)
 and then delivered to _____, on _____, at _____
 (LAB MEMBER) (DATE) (TIME)
 Specimen received by _____
 (LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO. _____

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 21 day of July, 2015, I P.O. SAEBA # 19581
received a collected urine specimen from SGT. STEHLIK # 1945. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. SAEBA # 19581 in the presence
of SGT. STEHLIK # 1945. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by P.O. SAEBA, as witnessed by SGT. STEHLIK # 1945

Specimen delivered by: [Signature] # 1945
Signature

Received/stored by: [Signature] # 19581
Signature

Last Name: AILLON
First Name: EDMOND
Rank: P.O.
Star #: 9754
Unit: OIO
Home Zip Code: _____
Date Hired: 05 FEB 2001
Birthdate: [REDACTED]

TEST RECORD
RBT IV

RBT IV# [REDACTED]
DATE 07-19-15
TEST NO. [REDACTED]
ID# [REDACTED]

17974
AS IV# [REDACTED]
TEMPERATURE 25

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 08:46

SUBJECT

OPERATOR
Sgt J. Szekul 1945

WITNESS
DNA

TEST LOCATION
LOG # 1076006

TEST RECORD
RBT IV

RBT IV# [REDACTED]
DATE 07-19-15
TEST NO. [REDACTED]
ID# [REDACTED]

17974
AS IV# [REDACTED]
TEMPERATURE 25 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 08:46

SUBJECT

OPERATOR
Sgt J. Szekul 1945

WITNESS
DNA

TEST LOCATION
LOG # 1076006

TEST RECORD
RBT IV

RBT IV# [REDACTED]
DATE 07-19-15
TEST NO. [REDACTED]
ID# [REDACTED]

17974
AS IV# [REDACTED]
TEMPERATURE 25 C

SUBJECT TEST
%BAC TIME

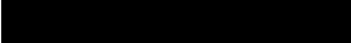
.000 BLANK
.000 AUTO 08:46

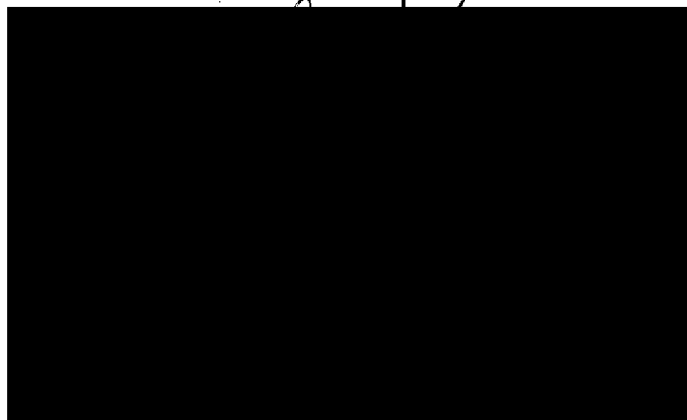
SUBJECT

OPERATOR
Sgt J. Szekul 1945

WITNESS
DNA

TEST LOCATION
LOG # 1076006

Last Name: AILLON
First Name: EDMUND
Rank: P.O.
Star #: 9754
Unit: 010
Home Zip Code: _____
Date Hired: 05 FEB 2001
Birthdate: 



RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 21 day of July 2015, I P.O. SAEBA # 19581
received a collected urine specimen from SGT. STEHLIK # 1945. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. SAEBA # 19581 in the presence
of SGT. STEHLIK # 1945. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by P.O. SAEBA, as witnessed by SGT. STEHLIK # 1945

Specimen delivered by: [Signature] # 1945
Signature

Received/stored by: [Signature] # 19581
Signature

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by

Sgt J. STEHLIK #1945

☐ Employer Representative

Signature of Employer Representative

PART I - A. On the 19 day of JULY, 2015 at 0850, I, EDMUNDO AILLON,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to Sgt. J. STEHLIK #1945,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number

EXAMINEE'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>9754</u>	WITNESS'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>1945</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>1945</u>	SUPERVISOR'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO.

PART II - The urine specimen with the control number [Redacted] was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

[Signature], on 7/21/15, at 0626,
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name EDMONDO AILLON Title P.O.
Star No. 9754 Employee No. [REDACTED] Unit 010

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>EDMONDO AILLON</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>19 JUL 15 / 0834</u>
Type of Test: Alcohol	Location: <u>DD9</u>	Date and Time: <u>19 JUL 15 0846</u>	
Type of Test: Drug	Location: <u>DD9</u>	Date and Time: <u>19 JUL 15 0850</u>	

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>Sgt. J. STEHLIK 1945</u>	B.I.A. Supervisor's Signature <u>[Signature] 1945</u>	Date and Time <u>19 JUL 15 0900</u>
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CPD-44.252 (REV. 6/12)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

Time Started 0823

Loc # 1076206

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

USMIL/CHICAGO POLICE DEPT
RANDOM DRUG UNIT #103750
3530 S MICHIGAN AVE
CHICAGO IL 60653
PH: 312-745-8053 FAX: 312-745-6819

B. MRO Name, Address, Phone and Fax No. FORM ID: QDPS000020

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:



Photo ID



Emp. Rep.

F. Reason for Test:



Pre-employment (1)



Random (3)



Reasonable Suspicion/Cause (5)



Post-Accident (2)



Promotion (22)



Return to Duty (6)



Follow-up (23)



Other (specify) (99) DEAD-END DISCHARGE

G. Drug Tests to be Performed:

☒ 39469N SAP 9-50/000 40000N

H. Collection Site Name:

009

Collection Site Code:

Address:

Collector Phone No.:

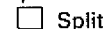
City, State and Zip:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:



Split



Single



None Provided (Enter Remark)



Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ 1945
Signature of Collector
167 J. SHANE
(Print) Collector's Name (First, MI, Last)

8:50 (AM)
Time of Collection
7/19/15
Date (Mo./Day/Yr.)

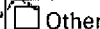
SPECIMEN BOTTLE(S) RELEASED TO:



Quest Diagnostics Courier



FedEx



Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:



Signature of Accessioner

Primary Specimen Bottle Seal Intact



Yes



No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒ Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:



NEGATIVE



POSITIVE



TEST CANCELLED



REFUSAL TO TEST BECAUSE:



DILUTE



ADULTERATED



SUBSTITUTED

REMARKS



Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:



RECONFIRMED



FAILED TO RECONFIRM - REASON



Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2-MEDICAL REVIEW OFFICER COPY

CPD 0341461



7/22/2015 11:37:26 AM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID [REDACTED]

SPECIMEN INFORMATION

REQUISITION: [REDACTED]
LAB REF NO: [REDACTED]
COLLECTED: 7/19/2015 08:50
RECEIVED: 7/22/2015 05:48
REPORTED: 7/22/2015 09:48
DOCUMENT ID:

CLIENT INFORMATION

[REDACTED]
USHW/CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653
CSL: N/P

Reason: OTHER -- WEAPON DISCHARGE

Tests Ordered: [REDACTED]

Integrity Checks

Acceptable Range

CREATININE	65.4 mg/dL	>= 20 mg/dL
pH	4.7	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

Initial	GC/MS Confirm
Test Level	Test Level

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
MDA-ANALOGUES	Negative	250 ng/mL	200 ng/mL
OPIATES	Negative	300 ng/mL	300 ng/mL
OXYCODONES	Negative	100 ng/mL	100 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: KSSM02

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPON DISCHARGE mapped to OTHR

EVIDENCE COLLECTION BAG

BUREAU OF INTERNAL AFFAIRS
CHICAGO POLICE DEPARTMENT

DIRECTIONS: PLACE SAMPLES IN BAG. REMOVE ADHESIVE AND CLOSE BAG TO ENSURE PERMANENT SEAL. THE B.I.A. MEMBER AND PERSON SUBMITTING THE SAMPLE WILL AFFIX THEIR SIGNATURES ON THE SEALED SECTION OF THE BAG AS EVIDENCE THAT THE BAG HAS BEEN PROPERLY SEALED.

DATE RECOVERED 19 JUL 15		TIME RECOVERED 0850	
LOCATION RECOVERED 009		LOG/C.R. NO. LOG # 1076206	
RECORDS DIVISION NO.	WEAPONS DISCHARGE NO.	U-NO.	
PERSON SUBMITTING SAMPLE P.O. EDWARD AILLON		STAR NO. 9754	
B.I.A. MEMBER COLLECTING SAMPLE SGT. J. STEHLIK		STAR NO. 1945	
REMARKS/ADDITIONAL INFORMATION			

CPD-44.163 (1/15)